



ecology and environment, inc.

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INTERNATIONAL SPECIALISTS In the ENVIRONMENT

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TELECOPIER TRANSMISSION FORM

DATE: 12/30/94 TIME: _____ TOTAL NO. OF PAGES: _____
(including this form)

TO: Alan Frank

COMPANY: Riedel

TELECOPIER PHONE NO.: 708-238-1838

FROM: Karen Rydzewski

SPECIAL INSTRUCTIONS: H+S questionnaire for
MCC Construction.

Please return ASAP. Thanks

For Operator's Use Only

JOB CHARGE: _____

SENT BY: _____

ERCS SITE HEALTH AND SAFETY PLAN INFORMATION

TDD#: T05-9412-008

PAN#: EIL0855FAA

Date information requested: 12/30/94

Information sent to: 1) Alan Frank, Riedel H+S
2) Mark Douglas, Riedel T+D

Date information provided: _____

Information provided by: _____

Via: _____ **ERCS representative** _____

_____ **FAX** _____

_____ **OSC** _____

_____ **Telephone to TAT** _____

_____ **Written**

Please provide health and safety information for the following project:

MCC Construction
2100 S. Kostner Ave
Chicago, IL 60623

ERCS Delivery Order#: _____

U.S. RPA Site I.D.#: _____

OPTIONAL ATTACHMENTS

Please indicate which attachments that you wish included in the Site Safety Plan; please provide any attachments you want included which are not on this list.

HAZARDS AND SOPS ASSOCIATED WITH:

<input checked="" type="checkbox"/>	OSHA Guidance and Regulations
<input type="checkbox"/>	Confined Space
<input checked="" type="checkbox"/>	Drum Handling
<input checked="" type="checkbox"/>	Drum Sampling
<input checked="" type="checkbox"/>	Opening Drums and Overpacks
<input checked="" type="checkbox"/>	Drum Staging and Overpacking
<input type="checkbox"/>	Drum Excavation
<input checked="" type="checkbox"/>	Empty Drum Crushing
<input type="checkbox"/>	Drill Rig
<input checked="" type="checkbox"/>	Site Walkthroughs/Entry
<input type="checkbox"/>	Housekeeping and Material Storage
<input checked="" type="checkbox"/>	Hazardous Waste Storage
<input type="checkbox"/>	Demolition
<input checked="" type="checkbox"/>	Working Around Heavy Equipment
<input checked="" type="checkbox"/>	General Heavy Equipment Operations
<input type="checkbox"/>	Excavation
<input type="checkbox"/>	Truck Loading
<input type="checkbox"/>	Soil Sampling
<input checked="" type="checkbox"/>	Liquid Sampling
<input checked="" type="checkbox"/>	Compatibility Testing and Compositing of Samples
<input type="checkbox"/>	Lab Packing and Lab Inventory
<input checked="" type="checkbox"/>	Flammable/Combustible Liquid Transfer
<input type="checkbox"/>	Corrosive Liquid Transfer

- ☐ Use of High Pressure Water Cleanup
- ☐ Use of a High Pressure Water Cleaner in Vats
- ☒ Compressed Gas Cylinders
- ☐ Heat Stress
- ☒ Cold Stress
- ☐ Electrical Safety
- ☐ Traffic Control
- ☐ Fire Prevention and Protection
- ☐ Work from Elevated Surfaces
- ☐ Cranes
- ☐ Rigging
- ☐ Lockout/Tagout
- ☐ Welding/Cutting/Grinding
- ☐ Other: _____

TASK SAFETY AND HEALTH RISK ANALYSIS

Task Specific Hazards and Controls

(in accordance with section 2.1. Add as many pages as needed for this section)

TASK SPECIFIC SAFETY ASSESSMENT

JOB TASK:

PERSONAL PROTECTIVE EQUIPMENT:

HAZARD	SOURCES	CONTROL MEASURES	REF.
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JOB TASK:

PERSONAL PROTECTIVE EQUIPMENT:

HAZARD	SOURCES	CONTROL MEASURES	REF.
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JOB TASK:

PERSONAL PROTECTIVE EQUIPMENT:

HAZARD	SOURCES	CONTROL MEASURES	REF.
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PERSONAL PROTECTIVE EQUIPMENT

*Please indicate your protective ensemble constituents for the following levels of protection (in accordance with Section 4.0 of the Site Safety Plan). If it will vary with activity, specify the changes in the modifications section.

Protective Gear - Level B

(Check and list required type)

Supplied Air _____
 5-minute Egress _____
 Chemical Resistant/
 Protective Coveralls _____
 Full Body Apron _____
 or Others (type) _____
 Inner Gloves (type) _____
 Outer Chemical Gloves (type) _____
 Outer Work Gloves (type) _____
 Safety Shoes/Boots (type) _____
 Boot Covers (booties) _____
 Hard Hat _____
 Respiratory Inserts _____
 Other (List _____)
 Other (List _____)
 Other (List _____)
 Other (List _____)
 Other (List _____)
 Modifications: _____

Protective Gear - Level C

(Check and list required type)

MSA Air Purifying Respirator or PAPR _____
 Cartridges (type) _____
 Escape Mask _____
 Chemical Resistant/Protective Coveralls _____
 Full Body Apron or Other (type) _____
 Inner Gloves (type) _____
 Outer Chemical Gloves (type) _____
 Outer Work Gloves (type) _____
 Safety Shoes/Boots (type) _____
 Hard Hat _____
 Respiratory Inserts _____
 Other (List _____)
 Other (List _____)
 Other (List _____)
 Other (List _____)
 Other (List _____)
 Modifications: _____

Protective Gear - Level D

(Check and list required type)

Chemical Resistant/Protective Coveralls _____

Rain Suit _____

Safety Shoes/Boots (type) _____

Boot Covers (booties) _____

Work Gloves (type) _____

Hard Hat _____

Face Shield _____

Safety Glasses _____

Modifications: _____

***Please note that the OSC will make the final determination regarding this requirement.**

Site Specific Physical Examination (in accordance with section 5.2).

- a. _____
- b. _____

Site Specific Air Monitoring Requirements (in accordance with section 6.2)

INSTRUMENT	COMPOUNDS TO DETECT	FREQUENCY	COMMENTS/ ACTION LEVEL
Combustible Gas Indicator (CGI)	Explosive/ Flammable Atmospheres		> 10% LEL
PID/FID	Organic Vapors and Gases		Unidentified contaminants* >Bkgrnd - <1ppm over bkgrnd Level D ≥ 1 over Bkgrnd - < 5 ppm over Bkgrnd Level C ≥5 over Bkgrnd - 500 ppm over Bkgrnd Level B
Asbestos/Fiber Monitoring	Asbestos		> 0.01 fibers/cc for PCM > 70 structures/mm ² for TEM > 1% asbestos/weight bulk sample
Jerome Mercury Analyzer	Mercury Vapors		> .025 mg/m ³
Detector Tubes	Various		
Radiation Meter	Radiation		> 2 mR/hr
Oxygen Meter	Oxygen		<19.5% and >23.5% O ₂
Other:			

* The reading must be sustained for one (1) minute in the breathing zone.

Scope of Work for ERCS Contractor
(in accordance with section 1.4 of the site safety plan).

Describe any personnel monitoring strategy that is to be implemented at the site (in accordance with section 6.3 of the Site Safety Plan):

<u>Monitoring type</u>	<u>Strategy</u>
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Name(s) of Monitoring Technician(s):

In accordance with the Material safety Data Sheets section, please list the chemicals that will be brought to the site by ERCS:

[1]	_____
[2]	_____
[3]	_____
[4]	_____
[5]	_____
[6]	_____